Form **8871** (Rev. July 2003)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

General Information

10b If 'Yes,' list the state where the organization files reports: KS

1 Name of organization	Employer identification number			
Margie Wakefield for Kansas 46 - 3123936				
2 Mailing address (P.O. box or number, street, a	and room or suite number)			
PO Box 1191				
City or town, state, and ZIP code				
Lawrence, KS 66044 -				
3 Check applicable box: ✓ Initial notice	e Amended notice Final notice			
4a Date established	4b Date of material change			
07/08/2013	07/08/2013			
5 E-mail address of organization				
doni@wakefieldforkansas.com				
6a Name of custodian of records	6b Custodian's address			
Doni Mooberry Slough	901 Kentucky Suite 202			
	Lawrence, KS 66044 -			
7a Name of contact person	7b Contact person's address			
Doni L Mooberry Slough	901 Kentucky Suite 202			
	Lawrence, KS 66044 -			
8 Business address of organization (if different	t from mailing address shown above). Number, street, and room or suite number			
PO Box 1191				
Lawrence, KS 66044 -				
9a Election authority	9b Election authority identification number			
NONE				
Part II Notification of Claim of E	xemption From Filing Certain Forms (see instructions)			
	om filing Form 8872, Political Organization Report of Contributions and Expenditures, as a			
qualified state or local political organization? Y	es 👱 No 🔔			

11 Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes _ No ✓

Part III Purpose
12 Describe the purpose of the organization

A Congressional Campaign to support election of Margie Wakefield to US Congress.

Part IV	List of All Relate	d Entities (see instructions	s)			
13 Check if	the organization has no r					
			_			
14a Name	of related entity	14b Relationship	14c Address			
Part V	List of All Officer	rs, Directors, and Highly	Compensated Employees	(see instructions)		
15a Name		15b Title	15c Address			
Doni Mooberry Slough		Treasurer	901 Kentucky Suite 202	901 Kentucky Suite 202		
			Lawrence, KS 66044 -			
	Under penalties of perjury, I declare that the organization named in Part I is to be treated as a tax-exempt organization described in section 527 Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my know and belief, it is true, correct, and complete. I further declare that I am the official authorized to sign this report, and I am signing by entering my below.					
	Doni L Mooberry Slo	ough	07/0	08/2013		
Sign Here	Name of authorized	d official	<u> </u>	Date		
11616						